FLWEMS Paramedic Medication Information For:

VECURONIUM BROMIDE

(Norcuron)

(vh-kyour-**OH**-nee-um)

Pregnancy Category: C Norcuron (Rx)

Classification
Nondepolarizing neuromuscular blocking agent

See Also: See also *Neuromuscular Blocking Agents*.

Action/Kinetics
Less likely than other agents to cause histamine release. Effects can be antagonized by anticholinesterase drugs. Onset: 2.5-3 min; peak effect: 3-5 min; duration: 25-40 min using balanced anesthesia. About one-third more potent than pancuronium, but its duration of action is shorter at initial equipotent doses. No cumulative effects noted after repeated administration. t1/2, elimination: 65-75 min; a shortened half-life (35-40 min) has been noted in late pregnancy. Metabolized in liver and excreted through the kidney and bile. Is bound to plasma protein. Recovery may be doubled in clients with cirrhosis or cholestasis; renal failure does not affect recovery time.

Uses
To induce skeletal muscle relaxation during surgery or mechanical ventilation. To facilitate ET intubation. As an adjunct to general anesthesia. *Investigational:* To treat electrically induced seizures or seizures induced by drugs.

Additional Contraindications
Use in neonates, obesity. Sensitivity to bromides.

Special Concerns
Those from 7 weeks to 1 year of age are more sensitive to the effects of vecuronium leading to a recovery time up to 11/2 times that for adults. The dose for children aged 1-10 years of age must be individualized and may, in fact, require a somewhat higher initial dose and a slightly more frequent supplemental dosing schedule than adults. Those with myasthenia gravis or Eaton-Lambert syndrome may experience profound effects with small doses of vecuronium. Cardiovascular disease, old age, and edematous states result in increased volume of distribution and thus a delay in onset time--the dose should *not* be increased.

Additional Side Effects
Moderate to severe skeletal muscle weakness, which may require artificial respiration. *Malignant hyperthermia.*

Additional Drug Interactions
Bacitracin / High IV or IP bacitracin doses →↑muscle relaxation *Sodium colistimethate* / High IV or IP sodium colistimethate doses ↑muscle relaxation *Tetracyclines* / High IV or IP tetracycline doses →↑ muscle relaxation *Succinylcholine* ↑Vecuronium effect

How Supplied
Powder for injection: 10 mg, 20 mg

Dosage
•IV Only *Intubation.*
Adults and children over 10 years of age. 0.08-0.1 mg/kg.
For use after succinylcholine-assisted ET intubation.
0.04-0.06 mg/kg for inhalation anesthesia and 0.05-0.06 mg/kg using balanced anesthesia. (*NOTE:* For halothane anesthesia, doses of 0.15-0.28 mg/kg may be given without adverse effects.)
For use during anesthesia with enflurane or isoflurane after steady state established.
0.06-0.085 mg/kg (about 15% less than the usual initial dose).
Supplemental use.
IV only: 0.01-0.015 mg/kg given 25-40 min following the initial dose; then, given q 12-15 min as needed. IV infusion: Initiated after recovery from effects of initial IV dose of 0.08-0.1 mg/kg has started. Initial: 0.001

mcg (1 mg)/kg; then adjust according to client response and requirements. Average infusion rate: 0.0008-0.0012 mg/kg/min (0.8-1.2 mcg/kg/min). After steady-state enflurane, isoflurane, and possibly halothane anesthesia has been established: reduce IV infusion by 25%-60%.

END OF INFORMATION – NOTHING FOLLOWS